PTO/SB/17 (10-07)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008				Complete if Known				
				Application Num		10/827,294-Conf. #2590		
				Filing Date		April 20, 2004		
				First Named Inventor		Akira KUBO		
				Examiner Name		D. R. Rao		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1624		
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No.		0283-0192PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit C	ard 🔲 N	Money Order	None	e Other (1	olease identif	y):		
x Deposit Account Depos	sit Account Numb	per: 02-24	48	Deposit /	Account Name	E Birch, Stewar	rt, Kolasch & I	Birch, LLP
For the above-identi	fied deposit	account, the Dire	ctor is	hereby authorize	d to: (chec	k all that apply))	
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of X Credit any overpayments								
FEE CALCULATION								
	AND EXA	AINATION FEES		•				
I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
A	E - (4)	Small Entity	(4)	Small Entity	w (A)	Small Entity		
Application Type Utility	Fee (\$)	<u>Fee (\$)</u> <u>F</u>	ee (\$)	<u>Fee (\$)</u> 255	Fee (\$)	Fee (\$)	Fees F	aid (\$)
1	310 210	105	510		210 130	105		
Design			100	50	=	65		
Plant	210	105 155	310	155	160 620	80		
Reissue	310		510	255		310		
Provisional	210	105	0	0	0	0		
r (#). F_								Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims				370	185			
				aid (\$)	М	ultiple Depende		
60 -60 = x =		=	1 00 1 414 (4)		_	-	Fee Paid (\$)
HP = highest number of total clair	ms paid for, if g	reater than 20.			_			•
Indep. Claims Extra (ep. Claims		Fee P	Paid (\$)				_
33=	× _	=						
HP = highest number of independ	lent claims paid	for, if greater than 3.						
3. APPLICATION SIZE FEE		1100 1	,		, ,, ,,	•		
If the specification and dra listings under 37 CFR 1								1
sheets or fraction thereo					JI SIIIGII ÇI	miy) ioi cacii a	, mioimpi	,
	tra Sheets			Iditional 50 or frac	tion thereo	f Fee (\$)	Fee I	Paid (\$)
		/50 =					=	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY								
Signature (M.)	Onn.	1 1		Registration No. (Attorney/Agent)	28,977	Telephone	o(703),204	5 ₀ 8000
Name (Print/Type) Gerald M.	Murphy, J	1///	<u> </u>	x		Date JUN	ŏ U ∠UU	0
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